

Early Intervention Targeted Case Management
April 18, 2011

Present: Alison Standing, Beth Tolley, Brian Campbell, Carol Burke, Deana Buck, Gena Zydels, Jeff Beard, Jennifer McElwee, Joyce Howard, Mary Parke Holland, Sandra Church, Tammy Whitlock, Mary Ann Discenza, Vanessa Walik, Brenda McGee, Heidi Faustini, Chris Gregory, Debra Holloway

Knowledge, Skills and Abilities (KSAs)

See Attachment A for recommendations of the KSA/Training Group. ***Task Force members agreed with the following Educational Requirement recommendations as described by the KSA/Training Group:***

- a. Require minimum of undergraduate degree in a relevant field, including human services, early childhood growth and development, early childhood, early childhood special education, psychology, child and family studies, human development, interdisciplinary studies, social work, counseling, nursing, allied health [rehabilitation counseling, recreation therapy, Occupational Therapy, Physical Therapy, Speech/Language Pathology], public health, education of the deaf or hard of hearing, education of the visually impaired, or other related field specified in Table A, Virginia's Part C Practitioner Qualifications and Responsibilities; **OR**
- b. Associate degree in a related field (OT assistant, PT assistant, nursing); **OR**
- c. High School Diploma, GED, or undergraduate degree in an unrelated field, **plus** three years' direct **clinical experience in a human service field**, including but not limited to, human development, community systems and resources, and early childhood and family systems.

Clinical experience means providing direct services to children and families related to developmental disabilities, physical disabilities and medical conditions, behavioral health or educational needs, in their homes or in community settings. The service coordinator must have experience with implementing individual service plans. The clinical experience may include supervised internships, practicums, and field experience.

A human services field includes, but is not limited to, early childhood education, social work, family systems, psychology, special education, sociology, counseling, allied health, and human services.

Knowledge, Skills and Abilities:

The KSA/Training group tweaked the wording of the KSAs to reflect basic skills and to clarify specific items where the group felt this was needed. See attachment A. The changes are reflected in the bold print. **The Task Force agreed with the KSAs as written in Attachment A.**

Mechanisms to Achieve and/or Document the KSAs (See Attachment A)

A question was raised about whether satisfactory completion of the EI modules indicates that the individual meets the KSAs. Clarification was provided that satisfactory completion of the modules (passing the tests) indicates that individual has been exposed to the content. The supervisor will need to determine/document the individual's level of KSA. Completion of the modules by applicants prior to applying for a Part C Service Coordination Position will be beneficial to applicants and will assist local systems in the recruitment process.

Task Force members indicated that this spreadsheet listing the possible ways to achieve/document the KSAs is helpful.

Training Plan (See Addendum A)

The proposed training plan was reviewed.

- It was recommended that training be provided jointly to program and billing staff to bridge the understanding gap between these two groups. The billing training needs to include basic information for those systems that will be billing for Case Management for the first time; training about the differences in EI TCM requirements vs. ID or MH TCM requirements is needed for those personnel who are familiar with the requirements for those two programs.
- Task Force participants requested that a combination of face to face and webinar training be provided/available for all service coordinators and billing staff:
 - Face to face is the most effective learning approach for some people
 - Not all people will be able to participate in face to face training
 - A webinar assures that the same information is available to everyone. It can be recorded for future viewing/listening.
- Deana will coordinate with Jeff for the training that includes DMAS staff.

Certification Process (See Attachment A)

Please note that changes were made to these recommendations 5/2/2011

- Language was included in the State budget amendment that gives DBHDS the authority to promulgate Case Management regulations.
 - Deana participated in a DBHDS meeting (along with Tammy) to begin the planning process for development of the regulations. The regulations will use the “case management” terminology and certification will be for EI Case Management. Practice documents will make the link between case management (requirements and certification) and use of the service coordination terminology.
 - Deana shared information from the DBHDS meeting with the KSA/Training Group
- The Task Force discussed the recommendations of the KSA/Training group (see Attachment A, numbers 3, 4 and 5) and agreed on the following recommendations:

- All Service Coordinators will be required to pass the required 4 on-line Part C Principles and Practices of Early Intervention modules and apply for **provisional** EI Case Management certification from DBHDS. Service Coordinators Certified as Provisional EI Case Managers will be able to independently provide Part C Service Coordination and bill Medicaid for EI TCM for up to 6 months. Service Coordinators with Provisional EI Case Management Certification would not require any additional supervisory/administrative requirements above and beyond typical supervision of new employees. Service Coordinators with Provisional EI Case Management Certification must complete Kaleidoscope Level I training in person within 6 months of hire and successfully complete a competency test. Upon successful completion, the service coordinator must apply for EI Case Management Certification. (The Provisional EI Case Management Certification will expire 6 months from the date it is granted). Kaleidoscope Level I will be offered on at least a quarterly basis in locations across the Commonwealth. In summary:
 - Employees providing Part C Service Coordination prior to October 1, 2011, will be considered in compliance with the educational and KSA requirements. In order to be certified as an EI Case Manager under the new TCM guidelines, these service coordinators will be required to:
 - complete Kaleidoscope Level I
 - successfully complete a competency test, and
 - Apply for EI Case Management Certification
 - Complete Kaleidoscope Level II within 12 months of the date they were hired.
 - Employees who are hired after October 1 will be required to:
 - Pass the required 4 on-line Part C Principles and Practices of Early Intervention modules
 - Apply for (and be granted) Provisional EI Case Management certification from DBHDS.
 - Complete KI face to face training and pass the competency test within 6 months of being granted Provisional EI Case Management Certification
 - Apply for and be granted EI Case Management Certification by the date the Provisional EI Case Management Certification Expires (6 months from the date it was granted).
 - Complete Kaleidoscope Level II within 12 months of the date they were hired.
- Deana reported that by June, it is expected that 85% of the current Service Coordinators will have completed by Kaleidoscope I and Kaleidoscope II training.
- A question was raised about whether KI and KII could be offered enough to meet needs. Deana said that it can be offered enough to meet needs. It is possible that the individuals who participated in the Kaleidoscope Train the Trainer training could assist to provide more frequent trainings.

- The group discussed the competency test for KI
 - Deana reported that they would like to post the test on the website that hosts the required Principles and Practices Modules
 - Specific questions have not yet been developed. A lot of care will be taken in constructing the questions. Deana indicated that consideration would be given to having multiple banks of questions. Mary Parke Holland, Debra Holloway and Heidi Faustini offered to assist with development of the questions. It is expected that representatives of the KSA/Training group and the Integrated Training Collaborative will probably will also participate in development of the questions.
- If an individual does not complete the KI training/test and receive EI Case Management certification by the time the EI Provisional Certification has expired:
 - Supervision and sign off on notes is required by the Service Coordinator's supervisor
 - The supervisor must be Certified as and EI Case Manager
 - The decision for the supervisor to sign off on the notes must be made at the time of service delivery. Sign off by the supervisor in cases where the case manager does not complete training can not be done retroactively in order to bill.
 - If the Service Coordinator provides services after the Provisional EI Case Management Certification has expired and notes are not co-signed by his/her supervisor who is a Certified EI Case Manager, he/she cannot bill for these services. If billing was done, reimbursement will be retracted.
- If an individual who is certified as an EI Case Manager does not complete the KII training within 12 months of the date of hire:
 - Notes must be signed by his/her supervisor (who must be a Certified EI Case Manager) in order to bill DMAS.
 - The decision for the supervisor to sign off on the notes must be made at the time of service delivery. Sign off by the supervisor in cases where the case manager does not complete training can not be done retroactively in order to bill.
 - If the Service Coordinator provides services after 12 months of the date of hire without meeting the requirement for KII completion and notes are not co-signed by his/her supervisor who is a Certified EI Case Manager, he/she cannot bill for these services. If billing was done, reimbursement will be retracted.
- Kaleidoscope training was discussed:
 - The EI Case Management regulations will refer to the Kaleidoscope training as the approved Part C Service Coordination/Case Management Training (or similar wording)
 - A question was raised about whether the content of KI will be modified (to include more content on Procedural Safeguards and Rights, for example). Deana reported that it is likely that changes will be made to reflect not only feedback from trainings, but also to include any changes in requirements as a part of the EI TCM program.
 - A request was made that the statewide service coordination/case management training be more detailed, specific and rigorous.

- Options for presenting the training (face to face, online modules, combination) were discussed briefly.
 - Deana indicated that they do want to figure out the best way to get the information that people need at the time they need it in a way that they can access it. Training could include video clips, how to fill out forms, and tools and resources.
- Documentation of completion of KII is maintained by the Partnership for People with Disabilities. System Manger representatives requested that there be a way for them to access the record of who has completed the training without having to rely on copies of the certificates kept in each individual's personnel file.

Considerations for the Certification Process:

- Educational and experience must be crystal clear in order for individual(s) certifying applicant to be able to determine if the requirements are met.
- The group discussed mechanisms for applicants to document that they had met the experience requirement (for those who do not have a degree and who must have 3 years of experience). A recommendation was made that documentation of the experience be via a signed attestation letter from the applicant.
 - The possibility of relying on local systems to provide the documentation. However, applicants for Certification do not need to be employed by (or to have applied for employment with) a local system in order to apply for and be granted Provisional Early Intervention Certification.

Requirements for Billing for EI Case Management

See Attachment B. Proposed changes to the original document based on discussion at the 4/4/11 meeting are:

- A phone, face-to-face, or email contact or documented attempts to contact each month for the first three months following the month the IFSP was signed.
- A phone, face-to-face, or email contact with the family every other month or documented attempts to contact beginning the fourth month after the IFSP until the discharge date.

The goal of these changes is improve outcomes for families, including providing the opportunity for the family to get acquainted with their service coordinator. Discussion followed:

- When would the month start and would it be the calendar month or 30 days from the date the IFSP was signed?
- How would these requirements be reflected in the IFSP?
- Will OSEP allow "standard" requirements for frequency rather than individualization
 - While the ID and MH TCM programs require set frequencies for face to face visits, families can decline MH or ID TCM. However, with EI TCM, if the family declines TCM (service coordination), they are declining EI.

- Would these requirements apply even for children who were receiving service coordination only?
- Some local systems have local Lead Agency Requirements for monthly contacts. Even with these requirements, it is not always possible to make monthly contacts. Some families do not have telephones.
- A survey was sent to Local System Managers to obtain their input regarding the proposed contact requirements. 13 were in favor; 25 were opposed.
- The group again discussed the relationship of quality to requirements
 - Comments were made that it is not possible to mandate quality.
 - Also, while the intent of the proposed contact requirements is to improve quality, they may be counterproductive because time will be required to meet the requirements simply to meet them when that time might be better spent focusing on assisting families who need more assistance.
 - We need to understand why the service coordination needs are not being met, including why some families cannot identify their service coordinator.
- Debra Holloway offered to survey families.
 - The current family survey does not provide specific information to answer the question about what frequency of contacts is desired/needed by families, nor does it provide specific information to help understand why some families cannot identify their service coordinator or what is needed to better meet their needs.

Tammy suggested that the Task Force look at the contact requirements from a Person-Centered Perspective and require contacts (phone, email or face to face) every three months. Discussion followed:

- The IFSP team (including family) would determine frequency of contacts based on family identified needs and preferences (as is the current practice). This supports the Part C requirement for individualization of supports and services.
- If the family identifies a frequency of less than every three months, the Service Coordinator would inform the family that he/she (the service coordinator) is required to contact them every three months to check in to see if they need any assistance and to remind them that he/she is available to assist. This supports the goal of assuring that families know their Service Coordinator and provides the opportunity for the family to request assistance when that contact is made. The family would be given the option about whether these contacts would be via face to face, phone or email. (This would make the EI TCM program requirements more in line with MH and ID TCM, but still promote individualization).
 - If contact is via email, the email should be printed and placed in the child's record.
- The IFSP would list the SC frequency and intensity determined by the IFSP team; if the frequency is less than every three months, the Service Coordinator would document the discussion with the family about contacting them every three months. The Service Coordinator would document these contacts each time they occurred.

- Monitor through the Quality Management Review Process to assure that service coordination is individualized and appropriate the family's needs.
- Providers who are in the home should be contacting the Service Coordinator to let them know if there are issues or things that would be helpful for SC to address. They should also be suggesting that the family contact the Service Coordinator anytime this is appropriate.

Task Force Recommendation for Changes to the Requirements for Early Intervention Case Management Reimbursement Document:

Replace number 11 and 12 under EI Allowable Activities and numbers 3 and 4 under Monthly Requirements for Reimbursement with the following:

At a minimum a phone, or email, or a face-to-face contact with the family every three calendar months, or documented attempts of such contacts. Such contracts shall be person-centered with the choice of contact method determined by the family. The contacts shall begin the next month after the month that the IFSP is signed;

Survey of Families

The Task Force decided that a survey would be useful to obtain parents' perspectives about effective service coordination (what is helpful, what would be helpful that is not being done, etc.). The purpose of the survey is to provide information that will be used to plan appropriate content for service coordination training. Debra and Heidi agreed to develop and administer a survey. It will be sent to families currently receiving services as well as to families who exited Part C in the past several years.

Three Day requirement for Contact Notes:

A request was made to increase the number of business days allowed for contact notes to be completed from the current 3 day requirement to 5 days. The issue is processes that must be completed prior to recording the contact note in electronic medical record systems. Tammy indicated that DMAS would consider this request. The three day requirement is both a DMAS EI Early Intervention Services requirement and an Infant & Toddler Connection of Virginia Practice Manual requirement.

PLANS:

1. Mary Ann Discenza will send a memo to Local System Managers (and their Supervisors), Local Lead Agency Executive Directors and to providers to inform them of the following Task Force recommendations, documents and plans:
 - a. Educational Requirements for Service Coordinators to be Certified as EI Case Managers
 - b. Knowledge, Skills and Abilities (KSAs)
 - c. Ways to Document KSAs (table)
 - d. Plans for EI Case Management Certification

2. Tammy will send the Task Force recommendations for educational requirements and the recommendations about quarterly contacts to DMAS leadership.
3. The next meeting will be scheduled for the week of May 2. The VACSB is not available so another location will be determined.

Attachment A:

Recommendations from the KSAs/Training Committee (4/14/11):

(PLEASE REFER TO MEETING NOTES ABOVE FOR CHANGES THAT WERE DISCUSSED/DECIDED DURING THE 4/18 MEETING)

1. Educational Requirements
 - a. Require minimum of undergraduate degree in a relevant field, including human services, early childhood growth and development, early childhood, early childhood special education, psychology, child and family studies, human development, interdisciplinary studies, social work, counseling, nursing, allied health [rehabilitation counseling, recreation therapy, Occupational Therapy, Physical Therapy, Speech/Language Pathology], public health, education of the deaf or hard of hearing, education of the visually impaired, or other related field specified in Table A, Virginia's Part C Practitioner Qualifications and Responsibilities; **OR**
 - b. Associate degree in a related field (OT assistant, PT assistant, nursing); **OR**
 - c. High School Diploma, GED, or undergraduate degree in an unrelated field, **plus** three years' direct **clinical experience in a human service field**, including but not limited to, human development, community systems and resources, and early childhood and family systems.

Clinical experience means providing direct services to children and families related to developmental disabilities, physical disabilities and medical conditions, behavioral health or educational needs, in their homes or in community settings. The service coordinator must have experience with implementing individual service plans. The clinical experience may include supervised internships, practicums, and field experience.

A human services field includes, but is not limited to, early childhood education, social work, family systems, psychology, special education, sociology, counseling, allied health, and human services.

2. Adopt the articulated Knowledge, Skills, and Abilities (KSAs) for Early Intervention Targeted Case Management as amended (attached). KSAs are required for all Service Coordinators. Proficiency in all KSAs is not required at point of hire, but supervisors must ensure that candidates possess all KSAs prior to providing Part C Service Coordination and prior to billing Medicaid under EI TCM.
3. All Service Coordinators are required to take the 4 on-line modules (Principles and Practices of Early Intervention) and apply for **provisional** EI Service Coordinator certification from the Part C office. Provisional EI SCs will be able to independently provide Part C Service Coordination and bill Medicaid for EI TCM for up to 6 months. Above and beyond typical supervision of new employees, there will be no additional supervisory/administrative requirements related to employees in a provisional status. Provisional EI SCs must complete Kaleidoscope Level I training in person within 6 months of hire and successfully complete a competency test. Upon successful completion, the Provisional EI SC is then certified as an EI SC. Kaleidoscope Level I will be offered on at least a quarterly basis in locations across the Commonwealth.
4. Kaleidoscope Level II is required by all EI SCs during their first three-year recertification process.
5. Employees providing Part C Service Coordination prior to October 1, 2011, will be considered in compliance with the educational and KSA requirements. In order to certify as an EI SC under the new TCM guidelines, these service coordinators will be required to complete Kaleidoscope Level I and successfully complete a competency test and complete Kaleidoscope Level II by October 1, 2012. Employees providing EI Service Coordination who are hired after that date will need to meet these requirements.

Training Plan for EI TCM Implementation:

Audience	Task	Person(s) Responsible	Timeline
All	Administer EI TCM Certification process (successful completion of SC competency test, application for credentialing, etc)	Part C office staff (Wendy), Beth, Integrated Training Collaborative (Partnership)	August and September
	TA Update to provide regular updates about implementation	Part C office staff, ITC, DMAS staff	June, July, August, September
	Talks on Tuesday about the EI TCM Certification process	Part C office staff, ITC	August
	Q&A Documents and minutes of stakeholder group decisions Focused edition about changes in service delivery and documentation	Part C office staff, DMAS staff	Ongoing June
	Web Ex session about changes with focus on documentation (priority audience – current SCs and supervisors)	Part C office staff, DMAS staff	August
	Post relevant materials and documents (links to them) on the EI PD website. Develop sample documentation pages to share, revised IFSP pages, etc.	Part C office staff, ITC	Ongoing
	Regional training on program – requirements, billing, documentation [record for posting on website]	Part C office staff, DMAS staff	August, early September

Audience	Task	Person(s) Responsible	Timeline
LSMs	Regional meetings to provide updates and discuss specific issues related to implementation	TA Staff (and training team or DMAS?)	June, July, August, September
Local agencies billing for TCM , LLAs, and LSMs	Billing requirements and timelines	Part C office staff, DMAS staff	August?

**DRAFT EARLY INTERVENTION TARGETED CASE MANAGEMENT KNOWLEDGE, SKILLS,
AND ABILITIES**



Knowledge	<p>Basic knowledge of VA’s Early Intervention system:</p> <ul style="list-style-type: none"> • VA’s Part C Early Intervention system including : <ul style="list-style-type: none"> ○ historical, legal, and organizational structures ○ funding ○ rights and procedural safeguards ○ all applicable federal and state laws, regulations, and procedures • The early intervention process, (the Service Pathway) including the eligibility and service planning process for early intervention. • Local community resources, the supports and services delivery systems and interventions such as available Part C providers, health care, WIC, etc) • Infant and toddler development, including well child and routine medical care, and medical conditions and risk factors impacting child development. • The nature of disabilities and intervention in infants and toddlers (interventions such as OT, PT, Sp/L, developmental services, etc.) • Person-centered thinking and approach • Rights and procedural safeguards • Different types of child assessments and interview methods and their uses in service planning • Effective oral, written, and interpersonal communication principles and techniques • General principles of record documentation and specific requirements of Part C system • The role and responsibilities of the Service Coordinator in the Part C system.
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<p>Skills</p>	<p>Basic skills in:</p> <ul style="list-style-type: none"> • Building rapport with families, including communication, listening, and problem-solving with diverse families. • Identifying and documenting an infant or toddler’s need for supports and services and other assistance. • Identifying, gathering, and sharing the child’s and family’s strengths, priorities, and concerns, resources, and natural learning opportunities to determine eligibility and for service planning • Coordinating the synthesis of medical records, developmental screening information and assessment information for eligibility determination. • Facilitating and coordinating multidisciplinary teams’ activities • Identifying community resources and organizations and coordinating resources and activities to support inclusion and participation (service planning and service access) • Developing, writing, and implementing a plan of care (Individualized Family Service Plan) to promote outcome achievement • Collaboration and effective team practices with service providers, families and the child's medical home • Coordinating the provision of supports and services by diverse public and private providers • Support and facilitate smooth, seamless transitions into, within, and out of the early intervention service system • Support, teach, and empower families so that they understand benefits that are available for their child and can access appropriate services.
<p>Abilities</p>	<p>Functional ability to:</p> <ul style="list-style-type: none"> • Demonstrate a positive regard for families recognizing their uniqueness and individuality while respecting families’ privacy and confidentiality • Act in the best interest of the child while maintaining professional and ethical boundaries. • Work creatively and flexibly • Individualize goals, strategies, and interventions for each eligible child and family • Be persistent and remain objective • Work as a team member, maintaining effective inter-and intra-agency working relationships. • Communicate effectively, verbally and in writing • Manage time while supporting a large number of families. • Establish and maintain ongoing supportive relationships • Work independently performing duties under general supervision • Recognize signs of child abuse and neglect and follow procedures as a mandated reporter.

DRAFT EARLY INTERVENTION TARGETED CASE MANAGEMENT KNOWLEDGE, SKILLS, AND ABILITIES

		EI Modules	Other Means to Document
Knowledge	<p>Basic knowledge of VA’s Early Intervention system:</p> <ul style="list-style-type: none"> • VA’s Part C Early Intervention system including : <ul style="list-style-type: none"> ○ historical, legal, and organizational structures ○ funding ○ rights and procedural safeguards ○ all applicable federal and state laws, regulations, and procedures 	Practitioner Requirements Service Pathway	Education/Field of Study
	<ul style="list-style-type: none"> • The early intervention process, (the Service Pathway) including the eligibility and service planning process for early intervention. 	Service Pathway	Education/Field of Study
	<ul style="list-style-type: none"> • Local community resources, the supports and services delivery systems and interventions such as available Part C providers, health care, WIC, etc) 	Service Pathway	Education/Field of Study
	<ul style="list-style-type: none"> • Infant and toddler development, including well child and routine medical care, and medical conditions and risk factors impacting child development 	Child Development	Education/Field of Study; priory work experience; Bright Futures Curriculum
	<ul style="list-style-type: none"> • The nature of disabilities and intervention in infants and toddlers (interventions such as OT, PT, Sp/L, developmental services, etc.) 	Child Development	Education/Field of Study; prior work

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			experience
	<ul style="list-style-type: none"> • Person-centered thinking and approach 	Family Centered Practices	Prior work experience
	<ul style="list-style-type: none"> • Rights and procedural safeguards 	Practitioner Requirements	
	<ul style="list-style-type: none"> • Different types of child assessments and interview methods and their uses in service planning 	Service Pathway?	Prior work experience, education
	<ul style="list-style-type: none"> • Effective oral, written, and interpersonal communication principles and techniques 		Prior work experience, hiring process
	<ul style="list-style-type: none"> • General principles of record documentation and specific requirements of Part C system 	Practitioner Requirements	
	<ul style="list-style-type: none"> • The role and responsibilities of the Service Coordinator in the Part C system 	Practitioner Requirements	
Skills	<p>Basic skills in:</p> <ul style="list-style-type: none"> • Building rapport with families, including communication, listening, and 	Family – Centered	Prior work experience,

DRAFT EARLY INTERVENTION TARGETED CASE MANAGEMENT KNOWLEDGE, SKILLS, AND ABILITIES

	problem-solving with diverse families	Practices	interview
	<ul style="list-style-type: none"> Identifying and documenting an infant or toddler’s need for supports and services and other assistance 	Child Development, Practitioner Requirements, Family-Centered Practices	Prior work experience
	<ul style="list-style-type: none"> Identifying, gathering, and sharing the child’s and family’s strengths, priorities, and concerns, resources, and natural learning opportunities to determine eligibility and for service planning 	Family-Centered Practices; Service Pathway	Prior work experience
	<ul style="list-style-type: none"> Coordinating the synthesis of medical records, developmental screening information and assessment information for eligibility determination 	Service Pathway	Prior work experience
	<ul style="list-style-type: none"> Facilitating and coordinating multidisciplinary teams’ activities 	Service Pathway	Prior work experience
	<ul style="list-style-type: none"> Identifying community resources and organizations and coordinating resources and activities to support inclusion and participation (service planning and service access) 	Service Pathway?	Prior work experience
	<ul style="list-style-type: none"> Developing, writing, and implementing a plan of care (Individualized Family Service Plan) to promote outcome achievement 	Service Pathway,	Prior work experience

DRAFT EARLY INTERVENTION TARGETED CASE MANAGEMENT KNOWLEDGE, SKILLS, AND ABILITIES

		Family-Centered Practices	
	<ul style="list-style-type: none"> • Collaboration and effective team practices with service providers, families and the child's medical home 	Service Pathway, Family-Centered Practices	Prior work experience
	<ul style="list-style-type: none"> • Coordinating the provision of supports and services by diverse public and private providers 	Service Pathway	Prior work experience
	<ul style="list-style-type: none"> • Support and facilitate smooth, seamless transitions into, within, and out of the early intervention service system 	Service Pathway	Prior work experience
	<ul style="list-style-type: none"> • Support, teach, and empower families so that they understand benefits that are available for their child and can access appropriate services 	Family-Centered Practices	Prior work experience
Abilities	Functional ability to:	Family-Centered	Prior work

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	<ul style="list-style-type: none"> Demonstrate a positive regard for families recognizing their uniqueness and individuality while respecting families' privacy and confidentiality 	Practices	experience
	<ul style="list-style-type: none"> Act in the best interest of the child while maintaining professional and ethical boundaries 	Family-Centered Practices and Practitioner Requirements	Prior work experience
	<ul style="list-style-type: none"> Work creatively and flexibly 	Family – Centered Practices	Prior work experience
	<ul style="list-style-type: none"> Individualize goals, strategies, and interventions for each eligible child and family 	Family-Centered Practices and Practitioner Requirements	Prior work experience
	<ul style="list-style-type: none"> Be persistent and remain objective 	Family-Centered Practices	Prior work experience
	<ul style="list-style-type: none"> Work as a team member, maintaining effective inter-and intra-agency working relationship 	Practitioner Requirements	Prior work experience

DRAFT EARLY INTERVENTION TARGETED CASE MANAGEMENT KNOWLEDGE, SKILLS, AND ABILITIES

	<ul style="list-style-type: none"> • Communicate effectively, verbally and in writing 	Family-Centered Practices	Prior work experience
	<ul style="list-style-type: none"> • Manage time while supporting a large number of families 	Family-Centered Practices	Prior work experience
	<ul style="list-style-type: none"> • Establish and maintain ongoing supportive relationships 	Family-Centered Practice	Prior work experience
	<ul style="list-style-type: none"> • Work independently performing duties under general supervision 	Practitioner Requirements	Prior work experience
	<ul style="list-style-type: none"> • Recognize signs of child abuse and neglect and follow procedures as a mandated reporter. 	Practitioner Requirements	Prior work experience

Attachment B: Requirements for Billing for EI TCM (sent to EI TCM TF prior to 4/18/11 meeting)

(PLEASE REFER TO MEETING NOTES ABOVE FOR CHANGES THAT WERE DISCUSSED/DECIDED DURING THE 4/18 MEETING)

Allowable activities include but are not limited to:

1. Coordinating initial assessment, semi-annual review, and annual reassessment of the child and planning services and supports, to include history-taking, gathering information from other sources, and the development of an Individualized Family Service Plan. This does not include performing medical assessments, but may include referral for such assessment;
2. Coordinating services and supports planning with other agencies and providers;
3. Linking the child and family to services and supports specified in the Individualized Family Service Plan;
4. Assisting the child and family directly for the purpose of locating, developing, or obtaining needed services and resources;
5. Enhancing community integration through increasing the child and family's community access and involvement;
6. Making collateral contacts to promote implementation of the Individualized Family Service Plan and allow the child/family to participate in activities in the community;
7. Monitoring implementation of the Individualized Family Service Plan through regular contacts with service providers, as well as periodic home visits;
8. Instruction and counseling which guides the family in problem-solving and decision-making and develops a supportive relationship that promotes implementation of the Individualized Family Service Plan. Counseling in this context is defined as problem-solving activities designed to enhance a child's ability to participate in the everyday routines and activities of the family within natural environments where children live, learn, and play;
9. Submit to the client's physician the "Health Status Indicators" Questionnaire. Based upon the results of the questionnaire from the physician, follow-up with the family/caregiver to inform and/or assist in obtaining needed medical services;
10. Coordinating the child/family's transition from Part C early intervention services; and
11. A phone contact each month for the first three months beginning with the date the IFSP is signed;
12. A phone contact with the family every other month, or documented attempts to contact beginning the fourth month to the discharge month; and
13. Face-to-face interaction with the individual and family/caregiver at a minimum at the initial development of the IFSP and the annual IFSP. Other face-to-face contact as needed.

Documentation requirements:

1. IFSP completed and signed by required parties, including IFSP reviews and Annual IFSPs;
2. Contact Notes of all allowable activities;
3. Documentation of rights and procedural safeguards and Medicaid right to appeal; and
4. Contact Notes written within three days of service rendered.

Monthly Requirements for Reimbursement:

DMAS may be billed for a monthly Service Coordination/Case Management unit when the following minimum requirements are met:

1. At least one of the allowable activities as listed above, documented appropriately, by the SC/CM during the month with the child, the family, service providers, or other organizations on behalf of the child/family. The contact must be relevant to the child/family needs and the Individualized Family Service Plan (IFSP). The service may not duplicate any other Medicaid service;
2. The contact or communication is documented completely and correctly, as outlined in requirements for acceptable Contact Notes;
3. A phone contact each month for the first three months beginning with the date the IFSP is signed;
4. A phone contact with the family every other month, or documented attempts to contact beginning the fourth month to the discharge month; and
5. For reimbursement for the initial development of the IFSP and the annual IFSP a face-to-face contact is required and documented.